

2015-01-22 13:01 Dept of Health-HCF
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0934-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 446516	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 01/05/2015
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, TULLAHOMA			STREET ADDRESS, CITY, STATE, ZIP CODE 1321 CEDAR LANE TULLAHOMA, TN 37388	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062 SS=0	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.6</p> <p>This STANDARD is not met as evidenced by: Based on document review, it was determined the facility failed to maintain the sprinkler system.</p> <p>The finding included:</p> <p>Document review on 1/5/2015 at 11:24 AM, revealed the facility failed to provide documentation for the quarterly sprinkler inspections in 2014 during the 1st quarter.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 1/5/2015.</p>	K 062	<p>K 062</p> <p>NHC HealthCare Tullahoma ensures that the required automatic sprinkler is continuously maintained in reliable operating condition and is inspected and tested periodically.</p> <p>Sprinkler was verified to be inspected by the Director of Maintenance on 01/15/15. The system was tested and found to be in operation by Simplex Grinnell on 01/15/15. (This would be the most recent test date)</p> <p>The Director of Plant Operation will monitor compliance of the automatic sprinkler inspections through the quality assurance process. The Director of Maintenance will review the sprinkler testing quarterly x3 and then report findings to the quality assurance committee which consist of the Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Service Director, Director of Dietary, Plant Operations Director, Director of Rehab and Director of Housekeeping. The monitor And in-service training will be continued as determined by the Director of Nursing or as directed by the Quality Assurance Committee.</p>	<p>Completed</p> <p>01/15/15</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patient. (See instructions.) Except for nursing homes, the findings related above are disclosed 30 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed 30 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.